



135 W. Irvine Street, #301  
Richmond, Kentucky 40475  
Phone: 859-623-1658  
Fax: 859-623-2598  
www.kreab.ky.gov

## Application for Appraisal Management Company Registration

**TYPE OR PRINT CLEARLY IN INK.** The application fee is **\$2,000 plus \$300 for the appraisal management company recovery fund, both are NON-REFUNDABLE.**

**1** Company's Legal Name:

**2** Name under which Company will do business in Kentucky:

**3** Contact person for application:

Name	Title	Email
------	-------	-------

**4** Main Address of Company:

Street Address		County	
City	State	Zip	
PO Box (if applicable)	City	State	Zip
Telephone	Fax	Email	

☐ Send mail to Post Office Box

**5** If company is not domiciled in Kentucky, contact information for company's agent for service of process:

Name			
Street Address		County	
City	State	Zip	
Telephone	Fax	Email	

6 Name of Compliance Manager:

7 Legal Structure of Company:

Domestic Corporation ☐  
Partnership\* ☐  
Limited Partnership ☐  
Sole Proprietor ☐

Foreign Corporation ☐  
Foreign LLC ☐  
Other\*\* ☐

\*If general partnership, attach copy of written partnership agreement.

\*\*If other type of entity, attach copy of organizational documents.

8 Employer Identification Number or Social Security Number:

9 Kentucky Secretary of State Identification Number, if required:

10 Complete and attach list of all states you are registered in. Include name of state, registration number, and date registration expires.

11 Complete and attach: the name, street address, and contact information for any individual or business entity that owns ten percent (10%) or more of the Company.

12 Complete and attach: the name, street address, and contact information for any controlling person or managing principal.

13 Complete and attach: the name, street address, and contact information for all officers and directors

## 14 CHARACTER

### Regarding Professional Licenses

	Yes	No
Has <b>any owner, employee, director, officer, or agent of the AMC</b> listed on this application ever had an appraisal license refused, denied, cancelled or revoked by the State of Kentucky or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any allegations pending against <b>any owner, employee, director, officer, or agent of the AMC</b> in connection with an appraiser license in Kentucky or any other state?	<input type="checkbox"/>	<input type="checkbox"/>

*If either of the answers is "yes", provide a copy of the licensing agency's order, any other documentation regarding the case, and a complete written explanation for each matter.*

## Regarding Criminal Offenses

Has **any owner, employee, director, officer, or agent of the AMC** listed on this application ever been convicted of or pled guilty or no contest to any criminal offense in Kentucky or in any other state? ☐ ☐

Are there currently any criminal charges now pending against **any owner, employee, director, officer, or agent of the AMC** listed in this application in Kentucky or in any other state? ☐ ☐

*If either of the answers is "yes", provide a copy of the court judgment, arrest warrant or bill of indictment, and include a release from probation or parole, if appropriate.*

**"Criminal offenses" and "criminal charges" include all criminal matters except speeding or parking violations. It DOES include driving while under the influence of alcohol or drugs. If you believe a charge has been erased or expunged, you must check with the appropriate court before completing this section.**

### **All Officers of the Company must provide a criminal background check compliant with the requirements of KRS 324A.152**

15

List any other names under which you do business in Kentucky. Attach a copy of the Certificate of Assumed Name filed for each name within the Commonwealth of Kentucky.

Name \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_ County \_\_\_\_\_

16

#### **CERTIFICATIONS:**

- (1) I certify that this Appraisal Management Company has a system and process in place to verify that a person being added to the appraiser panel of the appraisal management company holds a license in good standing in this State pursuant to the Kentucky Appraisers Act if a license or certification is required to perform appraisals.
- (2) I certify that this Appraisal Management Company has a system in place to require that appraisers inform the appraisal management company of their areas of geographic competency, the types of properties the appraiser is competent to appraise, and the methodologies the appraiser is competent to perform.
- (3) I certify that this Appraisal Management Company has a system in place to review the work of all independent appraisers that are performing real estate appraisal services for the appraisal management company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with the Uniform Standards of Professional Appraisal Practice.
- (4) I certify that this Appraisal Management Company has a dispute resolution process that allows users of the appraisal report to request that the appraiser consider additional property information, provide further detail, substantiation, or explanation for the appraiser's value conclusion, or to correct errors in an appraisal report.
- (5) I certify that this Appraisal Management Company maintains a detailed record of each service request that it receives and the independent appraiser that performs the residential real estate appraisal services for the appraisal management company.

**ATTACHMENTS**

I have attached the following:

- (1) The name, street address and contact information, including a business email address, for any individual or business entity that owns ten percent (10%) or more of the Appraisal Management Company;
- (2) The name, street address, and contact information, including a business email address, for any controlling person or managing principal;
- (3) The name, street address, and contact information, including a business email address, for all officers and directors;
- (4) If the company is not domiciled in Kentucky, the documents required by KRS 324A.152(2)(b)2;
- (5) A copy of the written partnership agreement, if applicable;
- (6) A copy of the organizational documents, if applicable;
- (7) All national and state criminal background checks required by KRS 324A.152(3); and
- (8) All certifications required by KRS 324A.152(2)(f)1 through 6.

**THIS AFFIDAVIT IS TO BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC:**

The undersigned, in making this application to the Kentucky Real Estate Appraisers Board for registration as an Appraisal Management Company under the provisions of KRS 324A.152 swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf, and that all information provided in connection with this application, including certifications and attachments, is true to the best of his (or her) knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Name of Notary Public, please print)

\_\_\_\_\_  
(Signature of Notary Public)

(AFFIX SEAL)

My Commission expires \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

# KENTUCKY REAL ESTATE APPRAISERS BOARD

135 W. IRVINE STREET, SUITE 301

RICHMOND, KENTUCKY 40475

Phone: (859)623-1658

Fax: (859)623-2598

Website: www.kreab.ky.gov

## DESIGNATION OF COMPLIANCE MANAGER

An AMC must designate one person as the Compliance Manager. The Compliance Manager shall be a certified real estate appraiser on active status and in good standing in Kentucky or any other state. The Compliance Manager is responsible for ensuring that the AMC operates in Compliance with state law.

**Designation of the Compliance Manager must be made on this form. All items must be completed. If any item is not applicable, indicate "N/A". This application must be completed by the proposed Compliance Manager.**

PLEASE TYPE OR PRINT CLEARLY!

**AMC Name:** \_\_\_\_\_

### Compliance Manager Information:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Appraisal Certification: State: \_\_\_\_\_ Number: \_\_\_\_\_ Certified Residential ☐ General ☐

State: \_\_\_\_\_ Number: \_\_\_\_\_ Certified Residential ☐ General ☐

### I. Regarding Appraiser Certification:

Have you ever had any disciplinary action taken against your appraiser certificate in KY or any other state? ☐ Yes ☐ No

Are there currently any charges pending against you in connection with your appraiser certification in KY or any other state? ☐ Yes ☐ No

*IF ANY OF THESE ANSWERS ARE "YES", PROVIDE A COPY OF THE LICENSING AGENCY ORDER AS WELL AS ANY OTHER DOCUMENTATION REGARDING THE CASE.*

*YOU MUST ALSO PROVIDE A COMPLETE WRITTEN EXPLANATION OF EACH CHARGE OR CONVICTION WITH THIS APPLICATION.*

## II. Regarding Criminal Offenses:

Have you ever been convicted of a felony? ☐ Yes ☐ No

Within the past ten (10) years, have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

Are there currently any criminal charges now pending against you in KY or any other state? ☐ Yes ☐ No

*"CRIMINAL CHARGES" DO NOT INCLUDE SPEEDING OR PARKING VIOLATIONS. THEY DO INCLUDE DRIVING WHILE INTOXICATED OR WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.*

*IF YOU BELIEVE A CHARGE HAS BEEN ERASED FROM YOUR RECORD OR EXPUNGED, YOU MUST CHECK WITH THE APPROPRIATE COURT TO MAKE SURE THIS HAPPENED.*

*IF ANY OF THESE ANSWERS ARE "YES", PROVIDE A COPY OF THE COURT JUDGEMENT ARREST WARRANT, OR BILL OF INDICTMENT. INCLUDE A RELEASE FROM PROBATION OR PAROLE, IF APPROPRIATE.*

***YOU MUST ALSO PROVIDE A COMPLETE WRITTEN EXPLANATION OF EACH CHARGE OR CONVICTION WITH THIS APPLICATION.***

## III. Have you ever been known by any other names? If yes, please list name(s).

☐ Yes ☐ No

Other names: \_\_\_\_\_

**All Compliance Managers must provide a criminal background check compliant with the requirements of KRS 324A.152**

**Signature of Applicant:** I certify that the information provided in this application is true and correct to the best of my knowledge. I understand any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial or withdrawal of approval of my designation of Compliance Manager.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## KENTUCKY REAL ESTATE APPRAISERS BOARD

135 W. IRVINE STREET, SUITE 301

RICHMOND, KENTUCKY 40475

Phone: (859)623-1658

Fax: (859)623-2598

Website: www.kreab.ky.gov

## CONSENT TO SERVICE OF PROCESS AND PLEADINGS

### ***Know all men by these presents:***

Pursuant to the requirements of KRS 324A.150 through 164, the undersigned applicant for registration as an appraisal management company in Kentucky

\_\_\_\_\_  
Print Name of Company

does hereby irrevocably consent, stipulate and agree that suits, actions, and administrative proceedings may be commenced against such applicant in the courts and agencies of this State, by the service of any process or pleading authorized by the laws of this State on the Executive Director of the Kentucky Real Estate Appraisers Board, and that service of such process or pleadings upon said Director shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the Commonwealth of Kentucky.

\_\_\_\_\_  
*Name of Person Executing Consent (please print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature of Person Executing Consent*

\_\_\_\_\_  
*Street Address of Person Executing Consent*

\_\_\_\_\_  
*City/State/Zip*

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared the above-named individual who acknowledged the execution of the foregoing instrument for the purpose set forth therein.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Affix Seal)

\_\_\_\_\_  
*Notary Public*

My Commission expires: \_\_\_\_\_

# FINGERPRINTING INSTRUCTION SHEET

Fingerprint cards can be obtained at:

- a. Kentucky State Police Post, or
- b. United Parcel Services (UPS) mailing office, or
- c. Any local police station or sheriff's office trained to do fingerprinting

*\*Please check with your state's law enforcement agency regarding fees, method of fingerprinting, hours of operation etc.*

Digital fingerprints are preferred and accepted if fingerprints are transferred to:

- a. The fingerprint card, or b. An FD-258 fingerprint card

**\*ORI number (KY920222Z) MUST BE placed on the card**

**\*Specify "KRS-324a.152, KY Real Estate Appraisers Board" as the reason fingerprinted**

**\*Do not fold or staple the fingerprint card**

**\*All fingerprints must be rolled in black ink only**

**Completed fingerprint card must be sent directly to the Kentucky State Police**

Kentucky State Police  
Records Branch  
1266 Louisville Road  
Frankfort, KY 40601

Enclose check or money order in the amount of

**\$34.75**

Made payable to: **Kentucky State Treasurer**

~~~~~  
**Complete the following required fields of the fingerprint card:**

**Last, First, and Middle Name**

**Aliases**

**Signature and Residence of Person Being Fingerprinted**

**Date and Signature of Official Taking Fingerprints**

**Date of Birth**

**Citizenship**

**Sex**

**Race**

**Height**

**Weight**

**Eye Color**

**Hair Color**

**Place of Birth (State or Country)**

**Social Security Number**  
~~~~~

**Note:**

- 1. All of the required fields listed above must be completed on the fingerprint card or the card will be returned to you for completion.**
- 2. Fingers to be printed must be clean and dry. Wiping the individual's fingers with an alcohol swab and drying them should prevent perspiration from being a problem.**
- 3. Roll each finger from nail to nail in the appropriate space taking care to lift each finger up and away after rolling, to avoid smudging.**
- 4. Plain impressions are printed last, at the bottom of the card. The technician simultaneously presses the individual's four fingers (on the right hand), keeping the fingers together. The process is repeated for the left hand. Print both thumbs simultaneously in the plain impression thumb blocks.**